REV. MAY 1, 2004   NEBRASKA HHS FINANCE   NMAP SERVICES
MANUAL LETTER # 12-2004   AND SUPPORT MANUAL   471-000-1
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471-000-1   Form EA-117, "Application for Assistance", and Completion Instructions

Use: Form EA-117 is used for initial application and review.

Form EA-117 may be used for –

1.   Aid to Dependent Children/Medical Assistance (ADC/MA);
2.   Refugee Resettlement Program (RRP)/MA;
3.   Aid to the Aged, Blind, or Disabled (AABD)/MA;
4.   State Disability Program (SDP)/MA;
5.   Emergency Assistance (EA);
6.   Children's Medical Assistance Programs (CMAP);
7.   A foster care application for the child of a ward:
8.   Foster care assistance for non-Department wards;
9.   Assistance for former wards;
10.   Food Stamps (FS);
11.   Low Income Energy Assistance Program (LIEAP); and
12.   Social Services (SS).

Number Prepared: One copy of Form EA-117 is completed. The form may be mailed or given to an applicant.

Completion: Form EA-117 is designed to be completed by the client. The worker may assist the client in completing the form, or the form may be completed by the client's representative. The signatures that are required are determined by program regulations.

The worker may alter an initial application up to the date of approval. If the worker adds information received from a client to a properly signed application, the worker shall date the information and –

1.   Request that the client initial the change, if the client is present; or
2.   Identify the source of the information, if the client is not present.

If additional information is disclosed at the interview, it is suggested that the worker document additional information in a different colored ink. A "notes" page is provided for documentation by the worker.

If a substantial amount of information is added during the face-to-face interview, the worker may request that the client sign and date the application again.

An application for a review may be altered up to the date the redetermination has been completed. The client does not need to initial each change. The client's signature is required. If Form EA-117 is reused for a redetermination, the worker will use a different color ink and have the client resign and date the application.

Page 1:
The first section is the first indicator of the client's need(s). After completion of the interview the worker assesses the client situation and offers all available programs which the client may be eligible for. The client may choose to apply for or decline any service.

The second section containing demographic information is completed by the client. The worker reviews the client's declaration of information.

The third section which contains information on race is optional.

The fourth section is used to determine if the client has immediate needs and if referrals are needed.

The fifth section is completed by the worker.

Pages 2 through 6: The worker reviews the client's declaration of information. Each section should contain identifying information for all persons residing at the client's address.

Field 1: Field 1 contains identifying information.
Name: Self-explanatory

Relationship to you: The worker will determine the household members in each assistance unit based on relationship and other factors.

Birthdate: Self-explanatory

Sex: Self-explanatory

Social Security Number: Self-explanatory

Is this person a U.S. citizen?: The worker will determine alien status and program eligibility for non-US citizens.

Is this person disabled?: The worker will evaluate disability status and compare to program eligibility requirements.

This person eats with my family?: The worker will determine food stamp household composition based on this question and other factors.

Marital Status: Self-explanatory

Fields 2 through 4 are self-explanatory.

Field 5: The worker will determine for persons 16 or older if school attendance is full time or part time.

Field 6: The worker will determine if more than one living arrangement exists for persons indicated on page 2.

Fields 7 through 11 are self-explanatory.

Field 12: The worker will gather information regarding all resources as applicable per program requirements. The worker will document whether vehicles are licensed or unlicensed.

Field 13: The worker will gather and verify all unearned income information. The following basic data must be gathered:

        Start/stop dates
        Adjustments
        Claim numbers
        Information on interfaces

Field 14: Self-explanatory

Fields 15 through 17: The worker will gather and verify all expense information per program requirements. The following basic data are needed:

> Reason/need for child care
> Which children receive child care
> The cost of child care per child
> If the provider is an HHS provider
> Medical expenses/deductions for anyone who is disabled and/or 60 years and older for food stamp persons

Fields 18 and 19: The worker will need to determine eligibility for medical expenses/deductions, special requirement, and eligibility for expenses per food stamp and AABD policy regulations.

Field 20: Self-explanatory

Field 21: The worker will determine medical expenses for anyone disabled and/or 60 years of age for food stamp persons.

Field 22: This question establishes retroactive medical need.

Field 23: Self-explanatory

Field 24: The worker will establish eligibility per program requirements, assess the needs or services and gather medical documentation as necessary.

Fields 25 through 28 are self-explanatory

Pages 7 through 9: These pages contains the authorization for a food stamp representative, voter registration, the client's rights and responsibilities, and a release of information. Page 9 contains signature spaces.

Page 10 is provided for documentation by the worker.

Page 11 is torn off and given to the client

Disposition: Form EA-117 is filed in the case record.

Filing Instructions: Form EA-117 is filed in section 2 of the case record.

Retention: Form EA-117 is retained for four years.

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